

CLAIMS ONLY

Application Number

10817157

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|-------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 3 | | | | | | | | | | | |
| Total Depend | 47 | | | | | | | | | | | |
| Total Claims | 50 | | | | | | | | | | | |
| 51 | | | | | | | | | | | | |
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| Total Indep | 5 | | | | | | | | | | | |
| Total Depend | 32 | | | | | | | | | | | |
| Total Claims | 37 | | | | | | | | | | | |

37
87